



# Colorado All Payor Day Conference

## December 1, 2014



I N N O V A T I O N I N A C T I O N

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- Education specific to providers in Medicare Administrative Contractor (MAC) Jurisdiction L (JL) include: Delaware, District of Columbia, Maryland, New Jersey, and Pennsylvania
- Education specific to providers in Medicare Administrative Contractor Jurisdiction H (JH) include: Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, and Texas
- This education contains specific contractor guidance
- If you are not a provider in JL or JH, please contact your Medicare contractor for specific guidance

I N N O V A T I O N I N A C T I O N

# Agenda



- Quarterly Updates
- Top Claim Submission Errors
- Comprehensive Error Rate Testing Program (CERT)
- Website
- Self Service

I N N O V A T I O N I N A C T I O N

## Objectives



- Identify and understand the current Medicare changes
- Learn how to apply the new guidelines
- Identify and utilize the educational resources and information

I N N O V A T I O N I N A C T I O N

## Acronym List



Acronym	Definition
CMS	Centers of Medicare & Medicaid Services
EDI	Electronic Data Interchange
LCD	Local Coverage Determination
MLN	Medicare Learning Network
IPPS	Inpatient Prospective Payment System
OPPS	Outpatient Prospective Payment System

I N N O V A T I O N I N A C T I O N



## Quarterly Updates

I N N O V A T I O N   I N   A C T I O N

### 2015 Updates



- Fiscal Year 2015 Policy and Payment Changes for Inpatient Stays in Acute-Care Hospitals and Long-Term Care Hospitals- CMS Final Rule Fact Sheet
  - <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-08-04.html>
- Fiscal Year 2015 Major Quality Provision Updates in the Hospital Final Rule – CMS Final Rule Fact Sheet
  - <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-08-04-2.html>

8

I N N O V A T I O N   I N   A C T I O N

# Sequestration Update



- Mandatory Payment Reduction of 2% Continues through March 31, 2015, for the Medicare Fee For Service Program
- For more information
  - <http://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Downloads/2014-04-03-enews-file.pdf>
- Frequently Asked Questions
  - JH
    - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00007998>

I N N O V A T I O N I N A C T I O N

## ICD-10 Conversion/Coding Infrastructure Revisions/ICD-9 Updates to National Coverage Determinations (NCDs) - Maintenance CR



- Change Request # 8691
  - Effective: July 1, 2014 (ICD-9) October 1, 2015 (ICD-10)
  - Implementation: July 7, 2014 (ICD-9) October 6, 2015 (ICD-10)
- Key Points
  - Create and updated NCD editing
  - Updated associated coding infrastructure
  - There are 29 spreadsheets attached to CR8691 and those spreadsheets relate to 9 NCDs and provide pertinent policy/coding information necessary to implement ICD-10
- Reference
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8691.pdf>

I N N O V A T I O N I N A C T I O N

Updates to International Classification of Diseases, 10th Edition (ICD-10) Local Coverage Determinations



- Special Edition Article SE 1421
- Key Points
  - Advises how to access International Classification of Diseases, 10th Edition (ICD-10) Local Coverage Determinations (LCDs) in the Centers for Medicare & Medicaid Services (CMS) Medicare Coverage Database (MCD)
- Reference
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1421.pdf>

I N N O V A T I O N I N A C T I O N

Notice of New Interest Rate for Medicare Overpayments and Underpayments – 4th Quarter Notification for FY 2014



- Change Request # 8868
  - Effective: July 18, 2014
  - Implementation: July 18, 2014
- Key Points
  - Medicare contractors will use an interest rate of 9.625% for both overpayments and underpayments
- Reference
  - <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R237FM.pdf>

I N N O V A T I O N I N A C T I O N

## Fiscal Year (FY) 2015 Inpatient Prospective Payment System (IPPS)



- Change Request # 8900
  - Effective: October 1, 2014
  - Implementation: October 6, 2014
- Key Points
  - Medicare Severity-Diagnosis Related Group (MS-DRG) grouper and Medicare Code Editor (MCE) changes
  - Post-acute transfer and special payment policy
  - New technology add-on
  - FY 2015 wage index changes and issues
  - Hospital quality initiative
  - Hospital Acquired Conditions (HAC)
  - Hospital readmissions reduction program
  - Medicare Disproportionate Share Hospitals (DSH) program
- Reference
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8900.pdf>

I N N O V A T I O N I N A C T I O N

## Fiscal Year (FY) 2015 Long Term Care Hospital (LTCH) Prospective Payment System (PPS) Changes



- Change Request # 8900
  - Effective: October 1, 2014
  - Implementation: October 6, 2014
- Key Points
  - LTCH Quality Reporting (LTCHQR) program
  - Core-Based Statistical Area (CBSA)-based labor market area updates
  - Additional LTCH PPS policy changes for FY 2015
- Reference
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8900.pdf>

I N N O V A T I O N I N A C T I O N

## October 2014 Update of the Hospital Outpatient Prospective Payment System (OPPS)



- Change Request # 8873
  - Effective: October 1, 2014
  - Implementation: October 6, 2014
- Key Points
  - New services
  - Billing for drugs, biologicals, and radiopharmaceuticals
  - New codes effective October 1, 2014 for certain drugs and biological
  - Incorrect national unadjusted copayment for APC 0066 (level I stereotactic radiosurgery) in the CY 2014 OPPS final rule
- Reference
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8873.pdf>

I N N O V A T I O N I N A C T I O N

## Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) for Solid Tumors



- Change Request # 8739
  - Effective: June 11, 2013
  - Implementation: May 19, 2014
- Key Points
  - Coverage with Evidence Development (CED) requirement for FDG PET and FDG PET/CT for oncologic indications
  - Requirements for prospective data collection by the National Oncologic PET Registry (NOPR) for oncologic indications of FDG (HCPCS A9552) were removed
  - Codes 78608, 78811, 78812, 78813, 78814, 78815, 78816, modifier – PS, and code A9552, for all oncologic conditions, no longer require the following modifier and diagnosis code
    - Q0 (zero)
    - V70.7
- Reference
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8739.pdf>

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## Percutaneous Image-guided Lumbar Decompression (PILD) for Lumbar Spinal Stenosis (LSS)



- Change Request # 8757
  - Effective January 9, 2014
  - Implementation October 6, 2014
- Key Points
  - Medicare will cover PILD only when it is provided in a clinical study through Coverage with Evidence Development (CED)
    - For beneficiaries with LSS who are enrolled in an approved clinical study that meets the criteria described in the National Coverage Determinations (NCD) Manual at NCD150.13
- Reference
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8757.pdf>

I N N O V A T I O N I N A C T I O N

## Ventricular Assist Devices for Bridge-to-Transplant and Destination Therapy



- Change Request # 8803
  - Effective: October 30, 2013
  - Implementation: September 30, 2014
- Key Points
  - Covered for the following three general indications
    - Postcardiotomy
    - Bridge-to-Transplantation (BTT)
    - Destination Therapy (DT)
- Reference
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8803.pdf>

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## Cardiac Rehabilitation Programs for Chronic Heart Failure



- Change Request # 8758
  - Effective: February 18, 2014
  - Implementation: August 18, 2014
- Key Points
  - Services for dates of service on or after February 18, 2014, coverage is expanded to beneficiaries with stable, chronic heart failure
    - Defined as patients with left ventricular ejection fraction of 35% or less and New York Heart Association (NYHA) class II to IV symptoms despite being on optimal heart failure therapy for at least 6 weeks
  - MACs will not search for and adjust claims processed prior to the implementation of CR8758
    - MACs will adjust such claims that you bring to their attention
- Reference
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8758.pdf>

I N N O V A T I O N I N A C T I O N

## Anesthesiologist/Certified Registered Nurse Anesthetist (CRNA) Related Services in a Method II Critical Access Hospital (CAH)



- Change Request # 8708
  - Effective January 1, 2013
  - Implementation October 6, 2014
- Key Points
  - Effective for dates of service on or after January 1, 2013, for payment for eligible CRNA services in a Method II CAH and submitted on the 85x bill with Revenue Code 0964
  - Effective for services on or after January 1, 2014, services performed by an anesthesiologist submitted by a Method II CAH on bill type 85x with Revenue Code of 0963
- Reference
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8708.pdf>

I N N O V A T I O N I N A C T I O N

## New Demonstration Codes for Skilled Nursing Facility (SNF) Claims and Payment of SNF Claims for Bundled Payments for Care Improvement (BPCI) Model 2 Beneficiaries



- Change Request # 8792
  - Effective: October 27, 2014
  - Implementation: October 27, 2014
- Key Points
  - BPCI models link payments for multiple services that beneficiaries receive during an episode of care
    - Under Model 1, the episode includes the acute inpatient hospital stay for all Medicare fee-for-service (FFS) beneficiaries admitted for all Medicare Severity Diagnosis Related Groups (MS-DRGs)
    - Under Models 2 - 4, 48 clinical episodes of care that BPCI Awardees may select to test
    - Participants in BPCI Model 2 may qualify for a waiver of a 3-day hospital stay prior to coverage of SNF services for a given beneficiary
      - Required a waiver of the 3-day hospital stay requirement must enter a "62" in the Treatment Authorization Code Field
- Reference
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8792.pdf>

I N N O V A T I O N I N A C T I O N

## Comprehensive Error Rate Testing (CERT): Skilled Nursing Facility (SNF) Certifications and Recertifications



- Special Edition Article SE1428
- Key Points
  - Certification must contain the following information
    - Need for skilled nursing care or other skilled rehabilitation services
    - Is required on a daily basis
    - Can only be provided in a Skilled Nursing Facility (SNF) or swing-bed hospital on an inpatient basis
    - For ongoing condition for which the individual received inpatient care in a hospital
    - Dated signature of the certifying physician or Non-Physician Practitioner (NPP)
    - Ensure the above is documented in the resident's medical record

I N N O V A T I O N I N A C T I O N

# Acceptable Recertification Statement



- Recertification must contain the following information
  - Reasons for continued need for post hospital Skilled Nursing Facility (SNF) care
  - Estimated time needed to remain in the SNF
  - Plans for home care, if any
  - Reason for continued need for services must be indicated. (If condition arose after admission to the SNF and while being treated for an ongoing condition for which the individual received inpatient care in a hospital)
  - Dated signature of the recertifying physician or Non-Physician Practitioners (NPP)
  - Ensure the above is documented in the resident's medical record
- Reference
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1428.pdf>

I N N O V A T I O N I N A C T I O N

# Quarterly Updates for Skilled Nursing Facility (SNF)



- October Quarterly Update to 2014 Annual Update of HCPCS Codes Used for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Enforcement
  - <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2014-Transmittals-Items/R2991CP.html>
- Medicare Part A Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Pricer Update FY 2015
  - <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2985CP.pdf>

I N N O V A T I O N I N A C T I O N

## Submission of Community Mental Health Center (CMHC) Certifications of Compliance with Section 485.918(b)(1)



- Change Request # 8784
  - Effective: July 15, 2014
  - Implementation: July 15, 2014
- Key Points
  - Newly enrolling or revalidating CMHC must submit to the Centers for Medicare & Medicaid Services (CMS), via its Medicare Administrative Contractor, a certification statement provided by an independent entity
    - The entity has reviewed the CMHC's client data
    - Initial Enrollments: The CMHC meets the 40 percent requirement for the prior 3 months
    - Revalidations: The CMHC meets the 40 percent requirement for each of the intervening 12-month periods between initial enrollment and revalidation
  - Special Guidelines
    - An appropriate official of the certifying entity must sign the document
    - The certification should be on the certifying entity's letterhead or should otherwise indicate that the document is clearly from the entity
- Reference
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8784.pdf>

I N N O V A T I O N I N A C T I O N

## Implementation of a Prospective Payment System (PPS) for Federally Qualified Health Centers (FQHCs)



- Change Request #8743
  - Effective October 1, 2014
  - Implementation October 6, 2014
- Key Points
  - FQHCs with cost reporting periods beginning before October 1, 2014, contractors will continue to pay the FQHCs using the current AIR system
  - FQHCs with cost reporting periods beginning on or after October 1, 2014, contractors will pay the FQHCs using the FQHC PPS
- Reference
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8743.pdf>

I N N O V A T I O N I N A C T I O N

## Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) Billing Guide



- Special Edition Article SE 1039
  - Updated: June 5, 2014
- Key Points
  - Billing Guide for FQHCs and RHCs
    - Describes the information FQHCs are required to submit in order for the Centers for Medicare & Medicare Services (CMS) to develop and implement a Prospective Payment System (PPS) for Medicare FQHCs
    - Guidance on how RHC should bill for certain preventive services under the Affordable Care Act
      - Coinsurance and deductibles are not applicable for the Initial Preventive Physical Examination (IPPE) provided by RHCs
      - Deductible waived for planned colorectal cancer screening tests that become diagnostic
- Reference
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1039.pdf>

I N N O V A T I O N I N A C T I O N

## Invalidation of National Coverage Determination (NCD) 140.3 - Transsexual Surgery



- Change Request # 8825
  - Effective: May 30, 2014
  - Implementation: June 29, 2014
- Key Points
  - NCD no longer valid
  - Provisions are no longer a basis for denying claims for Medicare coverage of “transsexual surgery” under 42 CFR §405.1060
  - Coverage determinations will be made by the local Medicare Administrative Contractors.
- References
  - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R189BP.pdf>

I N N O V A T I O N I N A C T I O N

# Screening for Hepatitis C Virus (HCV) in Adults



- Change Request # 8871
  - Effective: June 2, 2014
  - Implementation: January 5, 2015
- Key Points
  - CMS will cover screening for HCV with the following conditions
    - Adults at high risk for HCV infection
    - Adults who were born from 1945 through 1965
- References
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8871.pdf>

I N N O V A T I O N I N A C T I O N

# Correct Coding for Venipuncture Collection



- New England Benefit Integrity Support Center (NEBISC), program safeguard contractor, reported an increase in venipuncture coding errors
- CPT code 36415
  - Collection of venous blood by venipuncture
  - Commonly referred to as "routine" venipuncture
- CPT code 36410
  - Venipuncture, performed on an individual over 3 years of age, that requires a physician's skill
  - Must be supported in the medical documentation
- Findings
  - Code 36410
    - Improperly billed instead of code 36415
    - Documentation does not support use
    - Pays a higher rate than code 36415
- IOM 100-04 Chapter 16 Section 60
  - <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c16.pdf>

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I N N O V A T I O N I N A C T I O N

## Proper Use of Modifier 59



- Special Edition Article SE 1418
  - Revised : June 2, 2014
- Key Points
  - The Medicare National Correct Coding Initiative (NCCI) includes Procedure-to-Procedure (PTP) edits that define when two Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes should not be reported together either in all situations or in most situations
  - Modifier 59 is an important NCCI-associated modifier that is often used incorrectly
    - Indicators
    - Examples
- Reference
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1418.pdf>

I N N O V A T I O N I N A C T I O N

## Specific Modifiers for Distinct Procedural Services



- Change Request # 8863
  - Effective: January 15, 2015
  - Implementation: January 5, 2015
- Key Points
  - Four new modifiers to define specific subsets of the -59 modifier
    - XE Separate Encounter
    - XS Separate Structure
    - XP Separate Practitioner
    - XU Unusual Non-Overlapping Service
- Reference
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8863.pdf>

I N N O V A T I O N I N A C T I O N



## Revised Modification to the Medically Unlikely Edit (MUE) Program



- Change Request # 8853
  - Effective: January 1, 2015
  - Implementation: January 5, 2015
- Key Points
  - New data field to the MUE edit table termed “MUE adjudication indicator” or “MAI”
  - MUEs for codes with a MAI of “1” will continue to be adjudicated as a claim line edit
  - MUEs for codes with a MAI of “2” are absolute date of service edit. These are “per day edits based on policy”
  - MUEs for codes with a MAI of “3” are date of service edits. These are “per day edits based on clinical benchmarks”
- Reference
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8853.pdf>

I N N O V A T I O N I N A C T I O N

## Medically Unlikely Edits (MUE) and Bilateral Procedures



- Special Edition Article SE1422
- Key Points
  - Claims filed using noncompliant coding for bilateral surgical procedures may have been paid in the past
  - The purpose of this article is to inform providers that MUE changes may now render those claim lines unpayable
  - Medicare billing instructions require claims for certain bilateral surgical procedures to be filed using a -50 modifier and one unit of service
- Reference
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1422.pdf>

I N N O V A T I O N I N A C T I O N

## Automation of the Request for Reopening Claims Process



- Change Request # 8581
  - Effective: Claims received on or after April 1, 2015
  - Implementation: July 6, 2015
- Key Points
  - Institutional reopenings must be submitted with a “Q” frequency code to identify them as a reopening
  - To assist providers with coding a request to reopen claims that are beyond the filing timeframes Special Edition Article, SE1426, has been developed. That article contains some additional information on this process as well as condition codes and billing scenarios
    - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1426.pdf>
- Reference
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8581.pdf>

I N N O V A T I O N I N A C T I O N

## Medicare Signature Requirements - Educational Resources for Health Care Professionals



- Special Edition Article SE 1419
- Key Points
  - Medicare services provided/ordered must be authenticated by the author using an acceptable signature
  - SE 1419 offers links to a variety of educational products to help you understand signature requirements for Medicare-covered services
- Reference
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1419.pdf>

I N N O V A T I O N I N A C T I O N

# Fingerprint-Based Background Check



- Special Edition Article SE1427
  - Effective: August 6, 2014
- Key Points
  - Required for all individuals with a 5 percent or greater ownership interest in a provider or supplier that falls into the high risk category and is currently enrolled in Medicare or has submitted an initial enrollment application
  - Conducted in phases
  - 30 days to be fingerprinted
- Reference
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1427.pdf>

I N N O V A T I O N I N A C T I O N

# Part A Quarterly/Annual Updates



- October 2014 Integrated Outpatient Code Editor (I/OCE) Specifications Version 15.3
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8879.pdf>
- Correct Coding Initiative (CCI) edits
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8662.pdf>
- Inpatient Rehabilitation Facility (IRF) Annual Update: Prospective Payment System (PPS) Pricer Changes for Fiscal Year (FY) 2015
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8788.pdf>
- Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) FY 2015
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8889.pdf>

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## CMS Video Resources



- A full description of the videos are available on the MLN Connects™ Videos web page
  - <http://www.cms.gov/Outreach-and-Education/Outreach/NPC/NPC-Video-Presentations.html>
- MLN Connects™ Videos are a part of the Medicare Learning Network®
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>

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## Top Claims Submission Errors and Resolutions

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## Where To Find The Top Claims Submission Errors



- On our website
  - <http://www.novitas-solutions.com>
- Select the Jurisdiction H map
- Select “Part A”
- Select “Claims Resources” on the left side of the page
- Select “Top Claim Submission Errors” under “Claim Access & Information”
- Select your state

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## Open Claim Issues



- The open claim issues link provides you with the most current status of claim processing issues that have been identified
- If your claim issue is not identified, click the Frequently Asked Questions (FAQs) linked on the left side tool bar to view top inquiries on claim status, claim denials, and other topics
- Listed by current claim issues and archived/resolved claim issues
- For more information
  - JH
    - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00003624>

I N N O V A T I O N I N A C T I O N

# Colorado Top Submission Errors



Reject Code	Description
30940	A provider is not permitted to adjust a partially or fully medically denied claim
39011	The claim in question was not filed in a timely manner
E0401	The type of bill is invalid, missing or inconsistent with the provider number or type of bill
30905	An incoming adjustment claim is submitted and the original claim cannot be found
37544	The total 'covered' charge on the adjustment and original claims are the same. Condition code D1 should only be used when the covered charge on the adjustment is different from the original claim
36428	This provider is not certified for mammography billing.
U5233	The statement covers period on this claim falls within or overlaps a Health Maintenance Organization (HMO)/Medicare Advantage (MA) risk period
19301	When billing Revenue Code 036x, 045x, or 076x on a bill type 11x and/or 13x with a principle procedure, an operating physician National Provider Identifier (NPI), physician last name, and first initial are required
15202	For inpatient or skilled nursing facility claims, the number of 'covered days' on page 1 of the claim, must equal the number of accommodation units associated with accommodation revenue codes on page 2 of the claim

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## Reason Code 30940



- Description
  - A provider is not permitted to adjust a partially or fully medically denied claim
- Resolution
  - If the line(s) is found to be altered (even accidentally altered)
  - If using Direct Data Entry (DDE) for claim submission, the RTP claim will need to be suppressed and resubmitted
  - If the claim is submitted electronically and the provider has access to DDE a new adjustment can be submitted through FISS DDE
  - If the provider only has access to electronic submission and no access to DDE cancel the original claim and rebill
- Claims can only be referred to processing in the following scenarios
  - If the adjustments are Medicare Secondary Claims (MSP)
  - If the original claim does not have any medical denials

I N N O V A T I O N I N A C T I O N

## Reason Code 39011



- Description
  - The claim in question was not filed in a timely manner
- Resolution
  - Verify the timely filing requirements for Medicare claims and resubmit accordingly
  - Remember failing to file a claim in a timely manner is not grounds for an appeal
  - References
    - Medicare Claims Processing Manual, Pub. 100-04, Chapter. 1, Section 70.1
      - <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf>
    - Changes to the Time Limits for Filing Medicare Fee-For-Service Claims, MM7270
      - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7270.pdf>

I N N O V A T I O N I N A C T I O N

## Reason Code E0401



- Description
  - The type of bill is invalid, missing or inconsistent with the provider number or type of bill
- Resolution
  - Please verify, correct, and resubmit

I N N O V A T I O N I N A C T I O N

## Reason Code 30905



- **Description**
  - An incoming adjustment claim is submitted and the original claim cannot be found
- **Resolution**
  - Verify that the first two positions of the type of bill, provider number, admit date, from date, and Health Insurance Claim number of the adjustment claim is identical to those fields on the original claim
  - Correct and resubmit

I N N O V A T I O N I N A C T I O N

## Reason Code 37544



- **Description**
  - The total 'covered' charge on the adjustment and original claims are the same. Condition Code D1 should only be used when the covered charge on the adjustment is different from the original claim
  - If the adjustment is changing the number of units on a revenue code line, use Condition Code D9 and indicate in Remarks that the adjustment is being done to correct the number of units
- **Resolution**
  - Please verify the total charges and number of units on the adjustment claim. Also, be sure you are reporting the correct claim change reason code/condition code
  - Correct and resubmit

I N N O V A T I O N I N A C T I O N



## Reason Code 36428



- Description
  - This provider is not certified for mammography billing. Effective 10/1/94, facilities performing screening and diagnostic mammograms must be certified by the Food and Drug Administration (FDA) to qualify for Medicare payment
- Resolution
  - Please verify that you are certified. If you are not certified and/or need assistance with certification requirements, please contact the FDA at 1-800-838-7715
  - A copy of the FDA certification must be submitted to your MAC before resubmitting the claim.
  - If you need assistance with submitting your FDA certification or you believe you received this reason code in error, please call customer service at 1-855-252-8782

I N N O V A T I O N I N A C T I O N

## Reason Code U5233



- Description
  - The statement covers period on this claim falls within or overlaps a Health Maintenance Organization (HMO)/Medicare Advantage (MA) risk period
  - For Inpatient Prospective Payment System (IPPS) claims, the admission falls within a risk HMO/MA period
- Resolution
  - Please verify the admission, from and through dates on the claim
  - Inpatient SNF claims and non-PPS provider must submit services during the HMO/MA period to the appropriate HMO/MA plan
  - Acute care teaching hospitals billing for Indirect Medical Education (IME) must include Condition Codes 04 and 69 on the claim

I N N O V A T I O N I N A C T I O N

## Reason Code 19301



- Description
  - When billing Revenue Codes 36x, 45x or 76x on bill type 11x or 13x filed with a principle procedure, an operating physician National Provider Identifier (NPI), last name, and first initial are required
- Resolution
  - When billing Ambulatory Surgical Center /surgical procedures, an operating physician is required on your claim
  - Ensure the last name and first initial are included along with the NPI number
  - To find an NPI number, visit the following website
    - <https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do>

I N N O V A T I O N I N A C T I O N

## Reason Code 15202



- Description
  - For inpatient or skilled nursing facility claims, the number of 'covered days' on page 1 of the claim, must equal the number of accommodation units associated with the accommodation revenue codes on page 2 of the claim
- Resolution
  - Verify the information in the Health Insurance Query Access (HIQA) or HIPAA Eligibility Transaction System (HETS) file for the most current benefit days available
  - Make sure the covered days on page 1 of the claim equal the covered accommodation units on page 2 and the non covered days on page 1 of the claim equal the non covered accommodations on page 2.
  - Make necessary corrections and resubmit the claim

I N N O V A T I O N I N A C T I O N



## Comprehensive Error Rate Testing (CERT)

I N N O V A T I O N I N A C T I O N

## Comprehensive Error Rate Testing (CERT)



- What is it? A program developed by Centers for Medicare & Medicaid Services (CMS) to randomly audit claims monthly to determine if they processed correctly
- Why does it matter? To protect the Medicare trust fund and determine error rates nationally and regionally
- Who is involved? You. A request for medical records from AdvanceMed alerts you that one of your claims has been selected as part of the monthly random sample
- How does it work? A letter will be sent to your office requesting the medical documentation. You need to comply in a timely manner with the request
- JH
  - [http://www.novitas-solutions.com/webcenter/spaces/CERT\\_JH](http://www.novitas-solutions.com/webcenter/spaces/CERT_JH)
- JL
  - [http://www.novitas-solutions.com/webcenter/spaces/CERT\\_JL](http://www.novitas-solutions.com/webcenter/spaces/CERT_JL)

I N N O V A T I O N I N A C T I O N

## JH Part A Common Errors



- Insufficient documentation
  - No valid physician's order
  - Missing documentation to support minimum 15 hours per week of combined therapy
  - Diagnosis insufficient to support procedure or service billed
  - Skilled Nursing Facility (SNF) 3 day qualifying stay
- Medical necessity errors
  - Need for an inpatient stay
- Other errors
  - Diagnosis Related Group (DRG)
  - Laboratory services

I N N O V A T I O N   I N   A C T I O N



## Website Features

I N N O V A T I O N   I N   A C T I O N

# Website Improvements




- Based on your feedback we are pleased to announce a new look and layout to our website!
- Enhancements include
  - Line of Business remembers your choice between sessions
  - Accepting the disclaimer only once per visit
  - Rolling banner for hot topics
  - Quick links at the top and bottom of each page
  - Drop down box to search Entire Site or Medical Policy/LCD
  - Navigation improvements

I N N O V A T I O N I N A C T I O N

# Novitas Home Page







Novitas Solutions, Inc., (Novitas) proudly serves as an administrative services processing company for government-sponsored health care programs on behalf of the federal government. Novitas currently administers:

- The Medicare Administrative Contract (MAC) Jurisdiction L (DL), which spans eleven states and Washington D.C.;
- The Medicare Administrative Contract (MAC) Jurisdiction H (HS), which spans seven states, Indian Health Service (IHS) and Veterans Affairs (VA); and
- The payment processing for the Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens contract, as authorized under Section 1011 of the 2003 Medicare Modernization Act.


We are headquartered in Mechanicsburg, Pa., and employ more than 1,000 staff in the area. Nearly 1,000 other associates are located in field offices in Hunt Valley, Md.; Pittsburgh and Williamsport, Pa.; Dallas, Texas; Milwaukee, Wis.; and Jacksonville, Fla.



**Medicare Administrative Contract  
Jurisdiction L**



**Medicare Administrative Contract  
Jurisdiction H**



**Federal Reimbursement of  
Emergency Health Services  
Furnished to Undocumented Aliens  
Section 1011**

**Career Opportunities**

- [Novitas job openings in Pennsylvania and Maryland](#)
  - [Novitas job openings in Florida, Texas, Wisconsin and Frontier, Ohio and work from home jobs in CO, IA, OK, SD, VA, WA](#)
- If you have any questions regarding your applicant profile or application status, please contact a member of our team via email or telephone.

Support Email: [recruitment@incsalute.com](mailto:recruitment@incsalute.com)  
Support Hotline: 877.347.7151

If you have already applied for a job with Novitas Solutions in PA or MD, you can check your application status online by clicking the Check Your Application Status option from the job search page.
- To see career opportunities at our sister company, First Coast Service Options, please visit [www.fcsco.com](http://www.fcsco.com).
  - To see career opportunities at our parent company, Diversified Service Options, please visit [www.dsocorp.com](http://www.dsocorp.com).

I N N O V A T I O N I N A C T I O N

# JH Customized Content



### Medicare: Jurisdiction H website

Thank you for visiting the Novitas Solutions, Inc. provider website. This website is intended exclusively for Medicare providers and health care industry professionals to find the latest Medicare news.

To enable us to present you with customized content that focuses on your area of interest, please select your preference below:

Part A: Hospitals & other Facilities

Part B: Physicians & other health care professionals

\*In order to save your preferences, please enable cookies in your browser settings

I N N O V A T I O N   I N   A C T I O N

# JH Part A Center



**Medicare JH**  
Providers in AR, CO, LA, MS, NM, OK, TX, Indian Health & Veteran Affairs

Contact Us   Join E-Mail List   Share Link

Home

**Looking for Fee Schedules?**

Click to download fees or access our lookup tools.

**Medicare JH Homepage**

**Self-Service Tools**  
Designed to help make your job easier.

- Appeals Status Inquiry Tool
- CERT Claim ID Lookup
- Enrollment Status Lookup
- Interactive Voice Response (IVR) - 1.855.252.8782(Claim Status, Eligibility Status, & More)
- Medical Policy (LCD) Lookup / Search

**Self-Service Resources**  
Get the resources you need, quickly.

- Address Changes
- Claim Issues Listing
- Enrollment Forms (CMS-855)
- Forms Catalog
- Learning Center (Educational Events & Online Training)
- LCDs / Medical Policy Index
- MJJ Matters Articles
- One-Click Listing
- Podcast - Medicare Insights Weekly

**Alerts**

- October 2014 Release "Dark" Days for the Common Working File (CWF) Hosts ( 09/26/2014 @ 02:28 PM )
- (View All Alerts)

**News & Popular Topics**

**What's New**  
Stay connected with the latest news and popular topics in Medicare.

- All Part A News & Web Site Updates
- Billing Information
- Bulletins
- Clinical Trials & IDE Requests
- Contracted/Paper EDs
- DCF/SSS Forms and References
- ICD-10 Implementation
- Immediate Recoupment on a Solicited Demand
- Notifying Medicare of an Overpayment
- Necessary Auditors (NA)
- Revalidation Process (2011-2015)
- Signature Attestation (Example)
- Stop 335 Recoupment Process
- Version 5010 Information

I N N O V A T I O N   I N   A C T I O N



## Self Service Options

I N N O V A T I O N I N A C T I O N

## Jurisdiction H Customer Contact Information



- Provider
  - 1-855-252-8782
  - Hours of Operation, Central Time (CT)/Mountain Time (MT)
    - Monday - Friday: 8:00 am – 4:00 pm CT/MT
- Interactive Voice Response (IVR)
  - Hours of Operation
    - Eligibility and General Information
      - 24 Hours a day 7 Days a week
    - Full IVR Options
      - Mondays: 5:00 am – 7:00 pm CT
      - Tuesday – Friday: 3:00 am – 7:00 pm CT
      - Saturdays: 5:00 am – 3:00 pm CT
  - Step-by-Step Guide
    - JH Part A
      - <http://www.novitas-solutions.com/webcenter/spaces/Medicare/JH/page/pagebyid?contentId=00004409>

I N N O V A T I O N I N A C T I O N

## Beneficiary Contact Information



- Patient / Medicare Beneficiary
  - 1-800-MEDICARE (1-800-633-4227)
    - <http://www.medicare.gov/index.html>

I N N O V A T I O N I N A C T I O N

## Fiscal Intermediary Standard System (FISS) Hours



- Colorado (CO), New Mexico (NM), Oklahoma (OK), Texas (TX)
  - Monday – Friday
    - 6 am – 8pm, Central Time (CT)
  - Saturdays
    - 6 am – 3pm CT
- Arkansas (AR), Louisiana (LA), Mississippi (MS)
  - Monday – Friday
    - 6 am – 7pm CT
  - Saturdays
    - 6 am – 3pm CT

I N N O V A T I O N I N A C T I O N



## Termination of the Common Working File - Delayed



- The HIPAA (Health Insurance Portability and Accountability Act) Eligibility Transaction System (HETS) will replace Common Working File (CWF) eligibility inquiries
  - Access to Health Insurance Query Access (HIQA) and CWF inquiry menu option 10 will be terminated
- For more information
  - MLN Matters Article MM8248
    - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8248.pdf>
  - Special Edition Article SE1249
    - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1249.pdf>

I N N O V A T I O N I N A C T I O N

## Policy Search Application



- New customized “Policy Search Application”
- Search current, retired or draft policies
- Search criteria
  - Policy number
  - Current Procedural Terminology (CPT)
  - Healthcare Common Procedure Coding System (HCPCS)
  - Keyword
  - Local Coverage Determination (LCD) Title
- Search results based on criteria entered
- Stayed tuned for additional information and upcoming educational opportunities
- JH
  - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/LcdSearch>

I N N O V A T I O N I N A C T I O N

## Provider Enrollment



- Provider Enrollment Status Inquiry Tool
  - JH
    - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00004864>
- Release of Information
  - Individual Physician or Practitioner
  - Authorized Delegated Official
- Upcoming Revalidation Mailings
  - <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Revalidations.html>

I N N O V A T I O N I N A C T I O N

## Stay Up-to-Date



- Electronic Mailing List
  - Daily E-mail of the latest Medicare Updates
  - Subscribe JH
    - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00007968>
- Podcast
  - Weekly podcast of the latest Medicare Updates and other informative topics
  - Subscribe JH
    - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00025071>
- Educational Videos and Tutorials
  - JH
    - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00082787>

I N N O V A T I O N I N A C T I O N

# Novitas Medicare Learning Center



- Features
  - Create an individualized education account
  - Register for webinars, teleconferences, and workshops
  - Download your Continuing Education Unit (CEU) Certificates
  - Be placed on a waitlist if the educational event you register for is closed
- Benefits
  - Centralized location for all educational materials
  - Track all of the educational events you've attended
  - Access Medicare education 24 hours a day, 7 days a week with web-based training modules
- JH
  - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00081812>

I N N O V A T I O N   I N   A C T I O N

# Calendar of Events



- Our Education and Training Center offers a wide variety of education
- Join us for Workshops, Teleconferences, and Webinars
- The most current calendar of events
  - JH Part A
    - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00084381>

I N N O V A T I O N   I N   A C T I O N

## Centers for Medicare & Medicaid Services (CMS)



- The CMS website offers valuable resources such as
  - CMS Internet Only Manuals (IOMs)
  - Medicare Learning Network (MLN) Matters Articles
  - Open Door Forum
- <http://www.cms.gov/>

I N N O V A T I O N   I N   A C T I O N

## Questions



I N N O V A T I O N   I N   A C T I O N



Thank you for your  
participation!



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